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PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		1966 (3010-006-01)				
First Inventor		May et al.				
Title	NOVEL FUSED INDAZOLES AND INDOLES AND THEIR USE FOR THE TREATMENT OF GLAUCOMA					
Express Mail Label No.		EV147718667US				

(Only for new nonprovision	nal applications under 37 CFR 1.53(b)) Expr	ess Mail Label No.	EV1477	18667US			
	ATION ELEMENTS cerning utility patent application conten		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
2. Applicant claims s See 37 CFR 1.27. 3. X Specification (preferred arrangement) - Descriptive title c - Cross Reference - Statement Regar - Reference to seq or a computer pro - Background of th - Brief Summary o	[Total Pages 33] set forth below) If the invention to Related Applications ding Fed sponsored R & D uence listing, a table, ogram listing appendix e Invention of the Invention of the Drawings (if filed) ition		CD-ROM or CD-Computer Prograucleotide and/or Amino of applicable, all necessary) Computer Respectification Seque i. CD-ROM ii. paper Statements v	R in duplica am (Append Acid Seque eadable For nce Listing M or CD-R (: rerifying ide: IG APPLIC ers (cover satement	te, large table or lix) nce Submission m (CRF) on: 2 copies); or	19587 U.S. PTO 10/721204		
4. Drawing(s) (35 U.35 5. Oath or Declaration a. X Newly exe b. Copy from (for continuing for	1 11. 1 12. 13. 14. 15. 16.	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: X Continuation Divisional Continuation-in-part (CIP) Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS X Customer Number or Bar Code Label (lased Customer No. or Attach has code label been) Or X Correspondence address below								
Name	Luke A. Kilyk							
Address	Kilyk & Bowersox, P.L.L.C. 53 A East Lee Street							
			State VA Zip Code 20186		20186			
Country	USA	Telephone	1-540-428-1701	Fax	1-540-428-1720			
Name (Print/type) Signature	Luke A. Kilyk	R	egistration No. (Attome		33,251 Nov. 25, 2003]		

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

(\$) 810.00

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

The state of the s						
Complete if Known						
Application Number	Unassigned					
Filing Date	November 25, 2003					
First Named Inventor	MAY et al.					
Examiner Name	Unassigned					
Art Unit	Unassigned					
Attorney Docket No.	1966 (3010-003-01)					

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)							
Check X Credit card Money Order Other None		З. A	DDITIO	NAL F	EES		_			
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Deposit Account		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid			
Deposit Account Number 50-0925		1051	130	2051	65	Surcharge - late filing fee or oath				
Deposit Account Name Kilyk & Bowersox, P.L.L.C.			1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet			
The Director is a	ıthorized t	o: (check all that apply	·)	1053	130	1053	130	Non-English specification		
Charge fee(s) in	dicated below	Credit any overpa	yments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
X Charge any add	litional fee(s)	or any underpayment of fee(s	5)	1804	920 *	1804	920*	Requesting publication of SIR prior to		
Charge fee(s) ir	ndicated belov	v, except for the filing fee		1805	1,840*	1805	1,840*	Examiner action Requesting publication of SIR after		
to the above-identified	deposit accou	unt.		1003	1,040	1003	1,040	Examiner action		
		LCULATION		1251	110	2251	55	Extension for reply within first month		
1. BASIC FILIN	G FEE			1252	420	2252	210	Extension for reply within second month		
	nall Entity			1253	950	2253	475	Extension for reply within third month		
Fee Fee Fe	e Fee	Fee Description	Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month		
	ode (\$) 01 385	Utility filing fee	770.00	1255	2,010	2255	1.005	Extension for reply within fifth month		
l l	02 170	Design filing fee	110.00	1401	330	2401	165	Notice of Appeal	\vdash	
	03 265	Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal	\vdash	
l l	04 385	Reissue filing fee		1403	290	2403	145			
	05 80	Provisional filing fee		1451	1.510	1451	1,510	· •		
1000 100 20	00 00	Trovisional lilling icc		1452	110	2452	55	Petition to revive – unavoidable		
	SUE	STOTAL (1) (\$) 7	70.00	1453	1,330	2453	665	Petition to revive – unintentional		
2. EXTRA CLA	IM FEES	FOR UTILITY AND	REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)		
Fee from Extra Claims below Fee Paid		1502	480	2502	240	Design issue fee				
Total Claims -20**= X =		1503	640	2503	320	Plant issue fee				
Independent Claims	- 3**=	x=	:	1460	130	1460	130	Petitions to the Commissioner		
Multiple Dependent			;	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Sr	arge Entity Small Entity		1806	180	1806	180	Submission of Information Disclosure Stmt			
Fee Fee Fe Code (\$) Co	e Fee ode (\$)	Fee Description		8021	40	8021	40	Recording each patent assignment per property (times number of properties) 40.00		
1202 18 22	02 9	Claims in excess of 2	0	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		
1201 86 22	01 43	Independent claims in	excess of 3	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))		
1203 290 2203 145 Multiple dependent claim, if not paid		1801	770	2801	385	Request for Continued Examination (RCE)				
1.00	04 43	**Reissue independe over original patent		1802	900	1802	900	Request for expedited examination of a design application		
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent										
SUBTOTAL (2) (\$)		Other	fee (spe	cify)						
** or number previously paid, if greater; For Reissues, see above		*Reduc	ed by Bas	ic Filing	Fee Paid	SUBTOTAL (3) (\$) 40.0	0			

SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251	Telephone	1-540-428-1701	
Signature	La. Klip			Date	Nov. 25, 2003	

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Stephanie Hill
Name (Print)

Signature

Name (Print)